

FY2000 - FY2001 Application

Voluntary Cost Savings Program (Available for participation through 6/30/01)

Part 1. To be completed by employee. (If you wish to participate in more than one program, use a separate application for each program.)

Name	Social Security Number	Job Title
Home Address (Street, City, State, Zip)	Department: _____ Bureau/Institute: _____ State House Station # _____	
Home Phone	Work Phone	

INSTRUCTIONS

1. Complete the section of this application for the program you are interested in. Be sure to include all dates and work hours. Direct your questions to your Department's Personnel office.
2. Sign and date your application in the space provided at the end of Part 1.
3. Submit this application to your supervisor.

VOLUNTARY REDUCED WORKWEEK (Definition: Current workweek schedule reduced to provide fewer hours)

☐ I would like to reduce my current workweek from _____ hours weekly to _____ hours for the calendar period starting _____ and ending _____

SPORADIC DAYS OFF

I would like to participate in this program from _____ to _____ and during this period, I plan to take _____ days of leave without pay.

(Note: Days must be taken in whole work days. The same days off each week or pay period cannot be requested under this program. Requests for the same pattern of days off each week or pay period will be treated as reduced workweek. Sporadic days off may be consecutive, up to a maximum of 5 days per pay period. Specific days off must be pre-approved by the supervisor involved.)

UNPAID LEAVE (Definition: Unpaid leave for more than one week.)

I would like to be placed on unpaid leave from _____

FLEXIBLE POSITION STAFFING (Definition: A single full-time position held by two full-time employees so that each works 20 hours or the equivalent of 20 hours per week.)

☐ I and _____ would like to share the full-time position held by _____
The full-time hours of this position will be shared from _____ to _____ as follows.

☐ Position to be shared by each working 20 hours per week.

Other arrangements as follows:

(Note: Each employee must complete an application for this program and both applications must be processed together.)

EMPLOYEE SIGNATURE

Signature

Date

Important: Submit this signed application to your supervisor.**Part 2. To be completed by employee's supervisor and then forwarded to the departmental personnel officer.****APPROVALS**☐ I recommend approval of this action.☐ I am unable to recommend this request because _____
_____☐ I recommend the employee's request be modified as follows: _____

Signature

Date

Part 3. To be completed by appointing authority or designee.☐ The employee's request is approved as submitted.☐ The employee's request is disapproved because _____
_____☐ The employee's request has been modified and approved as follows: _____

Signature

Date